

# SENIOR SERVICES ALLIANCE

Lewisville Area Chamber of Commerce

## Speaker's Bureau Application

### Personal Information

Name: \_\_\_\_\_

Business/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Prior Speaking Engagements

| Date | Name of Organization/Contact | Topic | Length |
|------|------------------------------|-------|--------|
| 1)   | _____                        | _____ | _____  |
| 2)   | _____                        | _____ | _____  |
| 3)   | _____                        | _____ | _____  |

### Continuing Education Credits/Units (CEUs/CEs)

Do you offer continuing education credits or units through your presentations?    Y                    N

If yes, on which topics? \_\_\_\_\_

### Areas of Expertise

Please circle up to 5 areas/topics you have expertise with and would present on.

- |                    |                 |                |                       |
|--------------------|-----------------|----------------|-----------------------|
| Alzheimer          | Drug Management | Rehabilitation | Independent Living    |
| Financial Planning | Real Estate     | Home Health    | Senior Living Options |

Care giving      Estate Planning      Medical Devices      Memory Care  
Senior Move/Transition Manager      Identity Theft      Fall prevention  
Elder Abuse      Nutrition      Other: \_\_\_\_\_

**Availability (circle all that apply)**

Weekday      Early Morning      Afternoon      Week Evening      Weekends

How far are you willing to travel? \_\_\_\_\_

**Personal Bio** (300 words max) \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---